BK 0395PG 0684

STATE MS.-DESOTO 00.

FILE #01-123
PREPARED BY & RETURN TO:
MCFALL LAW FIRM
7105 SWINNEA RD SUITE 1
SOUTHAVEN, MS 38671
(662) 349-7780

SANDRA J. MULLINS GRANTOR

JUL 9 2 49 PM 'OI

TO

BK 395 PA 684

## WARRANTY DEED

## LAWRENCE BRIGGMAN GRANTEE

FOR AND IN CONSIDERATION of Ten Dollars (\$10.00), cash in hand paid, and for other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, SANDRA J. MULLINS, does hereby sell, convey, and warrant unto **LAWRENCE BRIGGMAN**, the following described property situated in the County of DeSoto, State of Mississippi, together with all improvements and appurtenances thereon more particularly described as follows:

Lot 295, in Section B, of Lake O'The Hills Subdivision, in Section as shown on plat appearing of record in Plat Book 2, Pages 35-36, in the office of the Chancery Clerk of DeSoto County, Mississippi, to which recorded plat reference is made for a more particular description. Said Lot is situated in Section 19, Township 3, Range 9 West.

The above property is the same property conveyed to the Grantor and spouse by QuitClaim Deed in Book 286, Page 349, and in Quitclaim Deed in Book 286, Page 352, in the Chancery Clerk's Office of DeSoto County, Mississippi.

By way of further explanation: Sandra J. Mullins conveys title as sole owner by way of her survivorship of her husband Edward R. Mullins who passed away on October 10, 1999.

The warranty in this deed is subject to right of ways of easements for public roads and public utilities, subdivision and zoning regulations in effect in DeSoto County, Mississippi, and further subject to all applicable building restrictions and restrictive covenants of record.

Taxes for the year 2001 have been prorated between Grantor and Grantee and are to be paid on due date by Grantee.

WITNESS OUR SIGNATURE, this the 29th day of June, 2001.

Sandrag Mullins

STATE OF MISSISSIPPI: COUNTY OF DESOTO;

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, within named: SANDRA J. MULLINS who acknowledged that she signed and delivered the above and foregoing Deed on the day and year therein mentioned, as her free act and deed, and for the purposes therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, THIS THE 29th DAY OF JUNE 2001

Notary Public State of Miss NOTAR NePUBLIC

My Commission Expires: My Commission Expires: August 23, 2003
Bonded Thru Helden, Brooks & Garland, Inc.

Property Address: 3695 Benvenue Cove, Hernando, MS 38632

**GRANTOR'S ADDRESS** 

7409 Woodshire How Lake, MS 38639

<u> 662-280-9904 - Jame</u> HM PHONE WK PHONE GRANTEE'S ADDRESS

3698 Benvenuceu.

Hernando, MS 3863)

HM PHONE WK PHONE

Sume 901-277-7419

BINT	•		TENNESSE	E DEPARTMENT ( FICATE OF	DEATH	BK O	395PG		ı	
IENT INK	1. DECEDENT'S NAME (First, Middle	, Last)				2. SEX	3. DATE OF DEA	NUMBER ATH (Month, Day, Ye	ar)	
R TIONS		OBERT MULLI	NS NDERTYEAR	Sc. UNDER I DAY	TATOWY OF OWN	Male	Octobe	r 10,1999		
рвоок		BIRTHDAY (Years) MO	S. DAYS	HOURS MIN.		TH (Morth, Day, Year)	,	(City and State or Fo	xelgn Country)	
	8. WAS DECEDENT EVER IN U.S. ARMED FORCES?	60		9a, PLACE OF DEA		1939 v ene)	<u>  Batesy</u>	ille Ms.		
DECEDENT	1 XX Yes 2 No	HÖSPITAL:  1 XX Inpatient	2 ER/Out	patient 3 DOA	OTHER:	Nursing Home	5 Residence	e. a Other	(Specify)	
	9b. FACILITY NAME (If not institution, give street and number)			Sc. CITY, TOWN, OR LOCATION OF DEATH 9d. COUNTY OF DEATH						
	Baptist Central			Memphis Tn. Shelby 126. DECEDENTS USUAL OCCUPATION 126. KIND OF BUSINESS/INDUSTRY						
	10. MARITAL STATUS-Married, Never Married, Widowed (If wife, give maiden name) Divorced (Specify)			12s. DECEDENTS USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)				U.S. Army Corps		
		Candana Canta		_				Engineers		
	Married 13a. RESIDENCE-STATE 13b.	Sandra Gask COUNTY		Supervisor				ER OR RURAL LOCATION		
	Mississippi	Desoto		rnando		369	5 Benven	ue	,	
CENSUS TRACT	130, INSIDE CITY 131, ZIP CODE	14. WAS DI (Specify	CEDENT OF HI Yes or No-II yes, I	SPANIC ORIGIN?	15. R	ACE-American Ir lack, White, etc.		16. DECEDEN	T'S EDUCATION	
	1 Yes Wantest Frento near etc.			108 O [X] NO			(Specify only highest grade completed)  Elementary/Secondary (0-12)   College (1-4 or 5+)			
	2 XX No 38632	Specify, if yes:	· · · · · · · · · · · · · · · · · · ·			Vhite	Middle, Maiden Sun	12		
PARENTS	Bernard Roos		ne Sr			A Company of the August 1				
	Bernard Roosevelt Mullins Sr. Mary Frances Osburn  199. INFORMANT'S NAME (Type   Print)  190. RELATIONSHIP TO DECEASED  190. MAILING ADDRESS (Street and Number of Rural Route Number, City or State, Zip Code)  3695 Benvenue						, City or Town,			
INFORMANT			.   '	·						
	Sandra Mulli			ife DISPOSITION (Name o		nando,Ms				
		<del></del>	other place)	DISPOSITION (Name C	ж сөтенегу, сто	ematory, or	200, LOCATION	I-City or Town, State		
	XXBuria 2   Commetion 3   Parrovel from State   4   Donation 5   Other (Specify)   Forest Hill South   Memphis, Tn.									
	21a. SIGNATURE OF FUNERAL DIRE	CTOR	216 DC	NSENUMBER OF 21c.		OF EMBALMER	<u> </u>	21d. L	ICENSE NUMBER OF EMBALMER	
ISPOSITION						//	_	-   `		
	1224 NAME AND ADDRESS OF FUNE	ON HOME		3541	Sur	94	100		3835	
	Forest Hill F		South	أهلال إلم إلى			220.	LICENSE NUMBER	OF FUNERAL HOME	
	2545 E. Holme	s Rd Me	mphis,T	n. 38118				920		
REGISTRAR	REGISTRAR'S SIGNATURE	AC.	₹			24. DATE SILED	6°5°199	q		
	( alance	09 /1	3/19/		epuly!	MUA	<b>V v</b>			
		my knowledge, deeth of	curred at the date	e and place, and due t		and manner as a 25b. LICENSE N	•	LOSO DATA SIGN	ED (Month, Day, Year)	
	I SIGNATURE AND TITE		MD 02063			1 100				
CERTIFIER	26a MEDICAL EXAMINER - On the b	asis of examination and/o	or investigation, i	n my opinion, death oc	curred at the c			se(s) and manner as	stated.	
	2 SIGNATURE AND TITL	E OF MEDICAL EXAMINE	:R		1	26b. UCENSE N	NUMBER	26c. DATE SIGN	IED (Month, Day, Year)	
N OR MED	<b>&gt;</b>				<u></u>					
AMINER EX- CERTIFICATE MPLETE AND	DR. STEVAN HI	,			DOIE.	ርጥድ #21	11 00119	DILATZENI M	20671	
AND LACK PRINT ASK	28. PART I. Enter the diseases, inj	urles, or complications th	at caused the de					INAVEN, PI	Approximate	
	arrest, shock, or heart  IMMEDIATE CAUSE (Final	failure. Ust only one caus	se on each line.	23		•			Interval Between Onset and Death	
	disease or condition resulting in death)	· CNA							1	
TRUCTIONS THER SIDE	,	DUE	TO (OR AS A C	ONSEQUENCE OF):						
	Sequentially list conditions.	P. ODE	O ORASA C	ONSEQUENCE OF):	<del></del>		· · · · · · · · · · · · · · · · · · ·			
CAUSE OF	If any, leading to immediate cause. Enter UNDERLYING	014	5		•					
DEATH	CAUSE (Disease or injury that Initiated events resulting in death) LAST	DUE	TO OR AS A C	ONSEQUENCE OF):			'	<del> </del>	<u> </u>	
(M)		d							<u> </u>	
pix	PART II. Other significant conditions	contributing to death but	not resulting in t		, ,		a. WAS AN AUTO PERFORMED?	. I AVAJI	AUTOPSY FINDINGS ABLE PRIOR TO	
				All April 1	- N	Albanda (A	he was been	OF D	PLETION OF CAUSE EATH?	
		······································		29.4		,r			es 2 No	
	30. MANNER OF DEATH	31a. DATE OF INJ		TIME OF Sic. INJ	URY AT WORK	? 31d, DESC	Yes 2 CRIBE HOW INJUS			
$\chi^{\gamma}_{(g)}$	1 Natural 5 Pending	(Month, Day, 1	(681)	INJURY, 1	Yes					
• .	2 Accident			M - 2	"No	र्शक स्थान		37 - 67 	-	
•	3 Suicide 6 Could no	ed building, etc.	JURY-At home, i (Specify)	larm, street, factory, of	ice 31	II. LOCATION (S	Street and Number	or Rural Route Nur	nber, City or Town, State)	
	4 Homicide	1 1 1 1 1		18-30 ·	<u> </u>	· · · · · ·				
	• ,							No. of the		

401 SOUTHER

1 (18 43 A 10 648 A 1

MEMPHIS & SHIELBY COUNTY HEALTH DEPARTMENT-SIA JEFFERSON AVE., MEMPHIS, TENNESSITE
THIS JS TO CERTIFY that this is a true and correct copy of the record filed with
the Tennessee Vital Records by the Memphis & Sheby County Health Department.

SPAL

Date Introd \_\_\_

1099° 8 1099°

Olema D. Fouse, Registrar

Vital Records Section